

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5610				05619			
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Garrett		STATE		Kentucky	
CITY (If outside corporate limits, write RURAL OR give nearest town)		Bloomington		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN		Fort Campbell	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED:		(First) Daniel		(Middle) Lewis		(Last) Bever	
4. DATE OF DEATH		(Month) June		(Day) 17		(Year) 1955	
5. SEX:		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
Male		White		Single		10/12/1933	
9. AGE last birthday:		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
21 yrs.		armed forces		Bloomington, Md.		U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Daniel Bever				Nellie Jose			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:	
YES				MARCH 1964		Milton Bever, Bloomington, Md.	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
823X Immediate cause (a) Fractured Skull						45 min.	
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
Fracture Rt. Mandible							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.				21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		21c. (City or town) (County) (State)	
				4th block 135		near Bloomington Garrett Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY				21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?	
June 17 - 1955 1:30 PM				While at work		Truck went out of control	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE				DATE SIGNED			
D.D. Baumgartner				6/17/55			
23. BURIAL, CREMATION, REMOVAL (Specify):				NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial				Bethel Cem		Garrett ct., Md.	
24. FUNERAL DIRECTOR				ADDRESS			
REG. 6-20-55				E. S. Boal Westernport, Md.			

RECEIVED  
JUN 23 1955  
BUREAU V. S.

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5611

## CERTIFICATE OF DEATH

05620

Reg. Dist. No. 172

1. PLACE OF DEATH COUNTY <b>GARRETT</b> MARYLAND CITY (If outside corporate limits, write RURAL) <b>KITZMILLER</b> OR TOWN <b>KITZMILLER</b> LENGTH OF STAY (in this place) <b>57 YRS</b>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>KITZMILLER</b> OR TOWN <b>KITZMILLER</b> STREET ADDRESS (If rural give location) <b>COR W. MAIN &amp; 2ND. AVENUE</b>			
3. NAME OF DECEASED (Type or Print) (First) <b>ELECTIE</b> (Middle) <b>BEULAH</b> (Last) <b>BISHOP</b>				4. DATE OF DEATH (Month) <b>JUNE</b> (Day) <b>12</b> (Year) <b>55</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>APRIL 16, 1876</b>	9. AGE last birthday <b>79</b> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <b>HOUSEWORK</b> )		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>JOB, RANDOLPH CO. W. VA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>JACOB K. RODAMAN</b>				14. MOTHER'S MAIDEN NAME <b>ALICE WHITE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) <b>NO</b> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT & ADDRESS <b>JOHN BISHOP, KITZMILLER, MD.</b>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 157X IMMEDIATE CAUSE (A) <b>Acute Myocardial Insufficiency</b> ANTECEDENT CAUSE(S) DUE TO <b>Coronary of the heart of the</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO <b>Pancreas with metastasis in</b> STATING UNDERLYING CAUSE LAST. (C) <b>liver</b>				3 days 1 yr.			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <b>March 1955</b>		19b. MAJOR FINDINGS OF OPERATION <b>Common chord of pericardium with metastases &amp; liver</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 12, 1955</b> , to <b>June 12, 1955</b> , that I last saw the deceased alive on <b>June 12, 1955</b> , and that death occurred at <b>2:20 A.M.</b> from the causes and on the date stated above.							
SIGNATURE <b>Ralph Calandrella</b> M.D.				ADDRESS (Street, city, town, state) <b>Kitzmillers, Md</b>		DATE SIGNED <b>June 13-55</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>6/14/55</b>		NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>		LOCATION (City, town, or county) (State) <b>ELK GARDEN, Mineral Co. W. Va</b>	
24. REC'D BY REGISTRAR <b>June 13-55</b>		REGISTRAR'S SIGNATURE <b>AW Barred</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O F Sharpless</b>		ADDRESS <b>Blaine, W. Va.</b>	

2015 RELEASE UNDER E.O. 14176

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VOLUME 7 NUMBER 4

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BUREAU V. S.

JUN 15 1955

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INSTRUCTIONS

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VS 15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05621

5612

## CERTIFICATE OF DEATH

Item 9, film 183 7-5-55 et

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>X</u>		<u>life</u>		TOWN <u>Grantsville, Rural</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>Grantsville, RD #2</u>				<u>1</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>GEORGE</u> (Middle) <u>LEWIS</u> (Last) <u>BROADWATER</u>				(Month) <u>June</u> (Day) <u>25</u> (Year) <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>male</u>	<u>white</u>	<u>widowed</u>	<u>July 17, 1868</u>	<u>87</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farmer Retired</u>		<u>own farm</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>William Broadwater</u>				<u>Esther Jenkins</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:			
<u>9</u>		<u>none</u>		<u>R. Lee Broadwater, Grantsville, RD 2</u>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				10. MEDICAL CERTIFICATION			
<u>491X</u> IMMEDIATE CAUSE (A) <u>Primary bronchopneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis</u>				<u>4 days</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)				<u>20 years</u>			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<u>None</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<u>none</u>		<u>—</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>		<u>—</u>		<u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
<u>—</u>		<u>—</u>		<u>—</u>			
22. I hereby certify that I attended the deceased from <u>6/16</u> , 19 <u>55</u> , to <u>6/25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>55</u> , and that death occurred at <u>5:15 PM</u> , from the causes and on the date stated above.							
SIGNATURE		M.D.		ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>G. Paige Strong</u>		<u>M.D.</u>		<u>Salisbury, Penna.</u>		<u>6/27/58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>6/28/55</u>		<u>NEW GERMANY REFORMED CEM</u>		<u>NEW GERMANY GARRETT CO, MD</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>June 29/55</u>		<u>E. H. X Broadwater</u>		<u>Donald F. Newman</u>		<u>Grantsville, Md.</u>	



CERTIFICATE OF DEATH

1915

THE DAY OF

THE YEAR

AT

IN

DECEASED

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

REPORTED BY

SIGNATURE

DATE

PLACE

REMARKS

SIGNATURE

DATE

PLACE

REMARKS

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DATE

PLACE

REMARKS

SIGNATURE

DATE

PLACE

REMARKS

DECEASED

AGE

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

REPORTED BY

SIGNATURE

DATE

PLACE

REMARKS

SIGNATURE

DATE

PLACE

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REMARKS

SIGNATURE

BUREAU V. S.

JUN 29 1955

RECEIVED

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05622

5613

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9, FilmGL83 6-28-55 et

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Garrett</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Oakland</b>		LENGTH OF STAY (in this place) <b>19 days</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Mountain Lake Park</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Garrett Co. Memorial Hospital</b>				STREET ADDRESS (If rural give location) <b></b>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <b>Charles Robert DeWitt</b>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 15 1955</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>May 27, 1902</b>	<b>9. AGE last birthday</b> <b>52 53 yrs.</b>	<b>10. IF UNDER 1 YEAR</b> Months Days		<b>11. IF UNDER 24 HRS.</b> Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Co. Road Employ</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Co. Road Employ</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Carmel, W. Va.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>	
<b>13. FATHER'S NAME</b> <b>DeWitt, Matthew</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Field, Fannie B.</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) <b>Yes</b>		<b>16. SOCIAL SECURITY NO.</b> <b>214-01-9755</b>		<b>17. INFORMANT &amp; ADDRESS</b> <b>George DeWitt, Sang Run, Md.</b>			
<b>18. MEDICAL CERTIFICATION</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>							
<b>416X IMMEDIATE CAUSE (A)</b> <b>Cardiac Failure with Uremia</b>						<b>6 weeks?</b>	
<b>ANTECEDENT CAUSE(S) DUE TO</b> <b>Old Rheumatic Carditis</b>						<b>Years</b>	
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)</b>							
<b>11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b> <b>None</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> White at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from 6/14, 1955, to 6/15, 1955, that I last saw the deceased alive on 6/15, 1955, and that death occurred at 2:05 PM, from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <i>Thomas J. [Signature]</i>				<b>ADDRESS</b> (Street, city, town, state) <b>77 Oak St., Oakland, Md.</b>		<b>DATE SIGNED</b> <b>6/15/55</b>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>Burial</b>		<b>DATE THEREOF</b> <b>6/17/55</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Hoyes Cemetery</b>		<b>LOCATION (City, town, or county) (State)</b> <b>near Accident, Md.</b>	
<b>24. REC'D BY REGISTRAR</b> <b>6/17/55</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Julia [Signature]</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Emory Bolden</i>		<b>ADDRESS</b> <b>Oakland, Md.</b>	

## INSTRUCTIONS

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**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

CERTIFICATE OF DEATH

NAME OF DECEASED  
AGE  
SEX

DATE OF DEATH  
PLACE OF DEATH  
CAUSE OF DEATH

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

DATE OF DEATH

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DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

DATE OF DEATH

BUREAU V. S.

JUN 28 1955

RECEIVED



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## INSTRUCTIONS

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VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5614

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

05623

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <u>GARRETT</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>GARRETT</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>	<u>MD</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>03</u>		STREET ADDRESS (If rural give location)	
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <u>MARY CECELIA KERNS</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>JUNE 19 1955</u>	
<b>5. SEX</b> <u>FEMALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>SINGLE</u>	<b>8. DATE OF BIRTH</b> <u>NOV. - 1877</u>
<b>9. AGE last birthday</b> <u>77</u> yrs.		<b>10. AGE UNDER 1 YEAR</b> Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>SWANTON MD</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.</u>	
<b>13. FATHER'S NAME</b> <u>JAMES KERNS</u>		<b>14. MOTHER'S MAIDEN NAME</b> <u>MARGARET MELVIN</u>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT &amp; ADDRESS</b> <u>JAMES KERNS OAKLAND MD.</u>			
<b>18. MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>		<u>5 days</u>	
<b>1450.0 IMMEDIATE CAUSE (A)</b> <u>Brachopneumonia left</u>		<u>5 years</u>	
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <u>Arterio Sclerosis -</u>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>	
<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)</b> M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21e. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>6-12</u>, 19<u>53</u>, to <u>6-17</u>, 19<u>55</u>, that I last saw the deceased alive on <u>6-17</u>, 19<u>55</u>, and that death occurred at <u>6:30 A.M.</u> from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> <u>A. L. Maurice</u>		<b>DATE SIGNED</b> <u>Oakland Md 20 June 55</u>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <u>BURIAL</u>		<b>DATE THEREOF</b> <u>JUNE 21-1955</u>	
<b>24. REC'D BY REGISTRAR</b> <u>6/21/55</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Emory Bolden</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Julia A Rowan</u>		<b>ADDRESS</b> <u>OAKLAND MD</u>	

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

GABRIEL  
GABRIEL  
GABRIEL  
GABRIEL

MARY GABRIEL  
FEMALE WHITE  
BORN - 1811

WANTON V.D.  
JAMES KERR  
JAMES KERR  
JAMES KERR

INSTRUCTIONS

BUREAU V. S.

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**1** **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5615

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

05624

166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>GARRETT.</b>		MARYLAND		STATE <b>MD</b>		COUNTY <b>GARRETT.</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<b>X</b> TOWN <b>DEER PARK.</b>		<b>4 WEEKS.</b>		TOWN <b>DEER PARK</b>		<b>MD. X</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>00</b>				<b>1</b>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <b>BERTIE</b> (Middle) <b>MAY</b> (Last) <b>KING.</b>				(Month) <b>JUNE</b> (Day) <b>19</b> (Year) <b>1955</b>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<b>FEMALE</b>	<b>WHITE</b>	<b>MARRIED</b>	<b>FEB-13-1879</b>	<b>75</b> yrs.	Months	Days	Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<b>COOK</b>				<b>DEER PARK.</b>		<b>U.S.</b>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<b>HENRY HARDESTY.</b>				<b>SULIA TASKER.</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<b>213-14-6073</b>		<b>ASHFUL KING DEER PARK MD</b>			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
44 X IMMEDIATE CAUSE (A) <b>acute Pulmonary Edema</b>				<b>1 day</b>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO				<b>1 week</b>			
(C) <b>Coronary Vascular Renal Edema with edema</b>				<b>1 yr.</b>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 18, 1955</b> , to <b>June 19, 1955</b> , that I last saw the deceased alive on <b>June 18, 1955</b> , and that death occurred at <b>9 A.M.</b> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<b>Ralph Calandrillo M.D.</b>		<b>Ritzmiller, MD</b>		<b>June 20-55</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<b>BURIAL</b>		<b>JUNE-22-1955</b>		<b>DEER PARK CEMETERY</b>		<b>DEER PARK MD.</b>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<b>June 22/55</b>		<b>Julia G. Rowan</b>		<b>Emory Boldin</b>		<b>OAKLAND MD.</b>	

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1981 1982 1983 1984 1985 1986 1987 1988 1989 1990

1991 1992 1993 1994 1995 1996 1997 1998 1999 2000

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5616

## CERTIFICATE OF DEATH

05625

Reg. Dist. No. ....

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
<u>X</u> TOWN <u>OAKLAND</u>		<u>19 DAYS</u>		TOWN <u>MT. LAKE PARK, MARYLAND</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (if rural give location)			
<u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				<u>1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
(First) <u>EMMA</u> (Middle) <u>ROSA</u> (Last) <u>MC GILL</u>			(Month) <u>6</u> (Day) <u>22</u> (Year) <u>1955</u>				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>MAY 2, 1880</u>	<u>75</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>				<u>WEST VIRGINIA</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>NICHOLAS, BOLYARD</u>				<u>JEFFREYS, CARRIE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)				<u>LABEL MC GILL, MT. LAKE PARK, MD.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
44X IMMEDIATE CAUSE (A) <u>Pneumonia Terminal</u>						<u>2 Days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Uremia</u>						<u>4 Days</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Cardio-renal disease (arteriosclerosis)</u>						<u>10 years</u>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<u>0</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 3, 1955</u> to <u>June 22, 1955</u> , that I last saw the deceased alive on <u>June 22, 1955</u> , and that death occurred at <u>3:45 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Andrew E. Mance</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>23 June 55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Removal</u>		<u>6/24/55</u>		<u>Shay's Cemetery</u>		<u>near Newburg, W. Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>6/23/55</u>		<u>Julius J. Poes</u>		<u>Emory Bolden</u>		<u>Oakland, Md.</u>	

**INSTRUCTIONS**

**1. TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**2. TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-57 10M





5617

## CERTIFICATE OF DEATH

Reg. Dist. No.

9

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY		Garrett		STATE		Maryland	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		TOWN		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place)		STREET ADDRESS		(If rural give location)	
NAME OF DECEASED (Type or Print)		(First)		(Middle)		(Last)	
Samantha		(Warner)		McKenzie		DATE (Month) (Day) (Year)	
SEX:		COLOR OR RACE:		SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		DATE OF BIRTH:	
female		white		married		6-5-1889	
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
housework		own home		Maryland		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Washington Warner				Nancy Engle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO		17. INFORMANT & ADDRESS:	
none				none		Joseph McKenzie, Rt. 2, Frostburg	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						6 mos.	
IMMEDIATE CAUSE (A)						Carcinoma right-lung	
ANTECEDENT CAUSE (S)						Chronic cholecystitis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST						C lithiasis	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1, 1955, to 6-19, 1955, that I last saw the deceased alive on 6-19, 1955, and that death occurred at 7 A.M. from the causes and on the date stated above.							
SIGNATURE		ADDRESS		DATE SIGNED			
J. E. Diehl		Frostburg, Md.		6/21/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		6-22-1955		Greenville Cemetery		Pocohontas, Pa.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
6-22-55		Mrs. Nancy A. Roe		J. R. Durst,		Frostburg, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LIBRARY A. B.

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5618

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

05627

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>GARRETT.</b>		MARYLAND		STATE <b>MD</b>		COUNTY <b>GARRETT.</b>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <b>RURAL GORMAN MD.</b>				TOWN <b>RURAL GORMAN MD. X</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last)				<b>4. DATE OF DEATH</b> (Month) (Day) (Year)			
<b>STEVE DOUGLAS REALL.</b>				<b>JUNE 21 1955</b>			
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b>	<b>8. DATE OF BIRTH</b>	<b>9. AGE last birthday</b>	<b>IF UNDER 1 YEAR</b>		<b>IF UNDER 24 HRS.</b>
<b>MALE</b>	<b>WHITE</b>	<b>MARRIED</b>	<b>AUG. - 26 - 1892</b>	<b>62</b> yrs.	Months	Days	Hours Min.
<b>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE (State or foreign country)</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>
<b>LUMBERMAN.</b>					<b>BARRETT'S. MD.</b>		<b>U.S.</b>
<b>13. FATHER'S NAME</b>				<b>14. MOTHER'S MAIDEN NAME</b>			
<b>CLAY REALL.</b>				<b>BETTY JANE EYES.</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT &amp; ADDRESS</b>			
		<b>279-16-3136</b>		<b>MRS. ALICE REALL. WYA. BOX-624. MORGANTOWN.</b>			
<b>18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>				<b>19. MEDICAL CERTIFICATION</b>			
<b>420.1 IMMEDIATE CAUSE (A)</b>				<b>Coronary Thrombosis</b>			
<b>ANTECEDENT CAUSE(S) DUE TO</b>				<b>Coronary Heart Disease</b>			
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
				<b>Sudden</b>			
				<b>5 years</b>			
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>							
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>					
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>		<b>21c. WHERE DID INJURY OCCUR? (City or town)</b>		<b>(County) (State)</b>	
<b>21d. TIME OF INJURY (Month) (Day) (Year)</b>		<b>21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work</b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <b>Feb 54</b> 19<b>50</b>, to <b>Feb</b> 19<b>55</b>, that I last saw the deceased alive on <b>Feb</b> 19<b>55</b>, and that death occurred at <b>1012</b> A.M. from the causes and on the date stated above.</b>							
<b>SIGNATURE</b>		<b>DATE THEREOF</b>		<b>NAME OF CEMETERY OR CREMATORY</b>		<b>LOCATION (City, town, or county) (State)</b>	
<b>Ralph Calomabella</b>		<b>JUNE 24 - 1955</b>		<b>BAYARD CEMETERY</b>		<b>BAYARD W. VA.</b>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b>		<b>24. REC'D BY REGISTRAR</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b>		<b>ADDRESS</b>	
<b>BURIAL</b>		<b>DATE</b>		<b>Emory Bolden</b>		<b>OAKLAND MD.</b>	
<b>6/24/55</b>		<b>W. Va. A. L. L. L.</b>					

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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## CERTIFICATE OF DEATH

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Reg. Dist. No. ....

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>			
COUNTY <b>Garrett</b>		STATE <b>Maryland</b>		COUNTY <b>Garrett</b>			
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural Gorman</b>		LENGTH OF STAY (in this place) <b>44 yrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural Gorman</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>5 Mi. West Gorman</b>				STREET ADDRESS (If rural give location) <b>5 Mi. West Gorman</b>			
<b>3. NAME OF DECEASED</b> (First) (Middle) (Last) <b>Rosie Virginia Shrove</b>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 17, 1955</b>			
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 15, 1880</b>	<b>9. AGE last birthday</b> <b>75</b> yrs.	<b>IF UNDER 1 Year</b> Months Days	<b>IF UNDER 24 HRS.</b> Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>West Virginia</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>James Armentrout</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>----</b>		<b>17. INFORMANT &amp; ADDRESS</b> <b>Melvin Shrove Mt. Lake Park, Md.</b>			
<b>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>						<b>18. MEDICAL CERTIFICATION</b>	
<b>IMMEDIATE CAUSE (A)</b> <b>Cardiac desies (Chronic)</b>						<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>ANTECEDENT CAUSE(S) DUE TO</b>							
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</b>							
<b>(B)</b> <b>Lagrip 3 minths previous,</b>							
<b>(C)</b> <b>Causing the heart disease,</b>							
<b>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>						<b>None</b>	
<b>19a. DATE OF OPERATION</b> <b>---</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>---</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)</b> <input type="checkbox"/>		<b>21b. PLACE OF INJURY</b> (Home, farm, factory, of injury street, office bldg., etc.) <b>---</b>		<b>21c. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State) <b>---</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) <b>---</b>		<b>21e. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>---</b>			
<b>22. I hereby certify that I attended the deceased from</b> <b>March 10th 19 55</b> <b>to</b> <b>June 17th 1955</b> <b>that I last saw the deceased alive on</b> <b>March 10th 19 55</b> <b>and that death occurred at</b> <b>2:30 P.</b> <b>M.</b> <b>from the causes and on the date stated above.</b>							
<b>SIGNATURE</b> <b>W. Wenzel</b>				<b>ADDRESS</b> (Street, city, town, state) <b>Oakland MD.</b>		<b>DATE SIGNED</b> <b>June 18th 1955</b>	
<b>23. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>DATE THEREOF</b> <b>6/19/1955</b>		<b>NAME OF CEMETERY OR CREMATORY</b> <b>Shrove Cemetery</b>		<b>LOCATION</b> (City, town, or county) (State) <b>Garrett County, Md.</b>	
<b>24. REC'D BY REGISTRAR</b> <b>DATE</b> <b>1/8/55</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Julius P. Rowan</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Herbert E. Leighton</b>		<b>ADDRESS</b> <b>Oakland, Md.</b>	

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## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <b>Garrett</b>		MARYLAND		STATE <b>W. Va.</b>		COUNTY <b>Monongahela</b>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <b>Oakland</b>		<b>9 Months</b>		TOWN <b>Morgantown</b>		<b>85X-3</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Evans Nursing Home</b>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <b>David Edward Shrout</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>June 27, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Feb. 14, 1890</b>	9. AGE last birthday <b>65</b> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bituminous</b>		11. BIRTHPLACE (State or foreign country) <b>West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>George R. Shrout</b>				14. MOTHER'S MAIDEN NAME <b>Jennie Pyle</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <b>no</b> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>236-12-7975</b>		17. INFORMANT & ADDRESS <b>Max A. Shrout Star City, W. Va.</b>			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
241X IMMEDIATE CAUSE (A) <b>Heart Failure</b>				DUE TO <b>Bronchial asthma - Severe</b>		<b>7 1/2 hours</b>	
ANTECEDENT CAUSE(S) (B) <b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE</b>				DUE TO <b>UNDERLYING CAUSE LAST</b>		<b>years</b>	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6/30/55</b> to <b>6/27/55</b> , that I last saw the deceased alive on <b>6/24</b> , 19 <b>55</b> , and that death occurred at <b>2:30A</b> M, from the causes and on the date stated above.							
SIGNATURE <b>Thomas A. Lusk</b>				ADDRESS (Street, city, town, state) <b>Oakland, Md.</b>		DATE SIGNED <b>6/27/55</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>6/30/1955</b>		NAME OF CEMETERY OR CREMATORY <b>East Oak Grove Cem.</b>		LOCATION (City, town, or county) (State) <b>Morgantown, W. Va.</b>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <b>Julia L. Rowan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Herbert C. Leighton</b>		ADDRESS <b>Oakland, Md.</b>	
DATE <b>6/27/1955</b>							

## INSTRUCTIONS

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24 hours after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

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U.S. DEPARTMENT OF JUSTICE

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CERTIFICATE OF DEATH

U.S. DEPARTMENT OF JUSTICE